



# CITY OF HARTFORD

## HARTFORD POLICE DEPARTMENT

50 Jennings Road  
Hartford, Connecticut 06120

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**PEDRO E. SEGARRA**  
Mayor

**DARYL K. ROBERTS**  
Chief of Police

### Application for Licensure Pawnbroker, Secondhand Dealer, Precious Metal Dealer

#### A. APPLICANT CONTACT INFORMATION:

<b>Name of Applicant:</b>		
<b>Last:</b>	<b>First:</b>	<b>MI:</b>
<b>Provide all other names by which you have been known: (Maiden name, Aliases, Nicknames, etc.)</b> (Attach additional sheet(s), if necessary.)		
1. _____		
2. _____		
<b>Home Address:</b>		
<b>City:</b>	<b>State and Zip Code:</b>	
<b>Mailing address if different from current residential address listed above.</b>		
<b>City:</b>	<b>State and Zip Code:</b>	
<b>Home Telephone Number:</b> (Include area code)	<b>Cell Phone Number(s):</b> (Include Area code)	

#### B. Applicant Identifying Information:

<b>Date of Birth:</b> (MM/DD/YYYY)		<b>Gender:</b> Male      Female	<b>Race:</b> White____ Hispanic____ Black ____ Other ____
<b>Height:</b>	<b>Weight:</b>	<b>Hair Color:</b>	<b>Eye Color:</b>
<b>Social Security Number:</b>		<b>Motor Vehicle Operator's or Identification Card Number:</b> (Include state of issue)	
<b>U.S. Citizen?</b> YES      NO		<b>Place of Birth:</b>	
<b>If not a U.S. citizen, provide country of citizenship:</b>			

Provide Alien Registration Number, if applicable:

### C. Applicant Background Information:

#### RESIDENCE HISTORY:

Starting with the present, list the addresses at which you have resided for the past seven (7) years, including street address, city, state, and zip code. (Attach additional sheet(s,) if necessary.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### EMPLOYMENT HISTORY:

Starting with the present, list your employment record for the past seven (7) years. Include periods of unemployment, part-time employment, and any military service. (Attach additional sheet(s,) if necessary.)

Name and Address of Employer	Dates employed:
1. _____	FROM: _____ TO: _____
2. _____	FROM: _____ TO: _____
3. _____	FROM: _____ TO: _____

**CRIMINAL HISTORY:** Have you ever been ARRESTED for any crime, other than traffic violations, in any jurisdiction?

YES NO

If "Yes," list all arrests, indicating charges, locations, and dates of arrest.

(Attach additional sheet(s,) if necessary.)

OFFENSE OR CRIME	ARREST DATE	City	STATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**NOTICE:** You are **NOT** required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to C.G.S. Sections 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to: (1) a finding of delinquency or that a child was a member of a family with service needs (C.G.S. Section 46b-146;) (2) an adjudication as a youthful offender (C.G.S. Section 54-76o;) or (3) a conviction for which the person received an absolute pardon (C.G.S. Section 54-142a.)

With regard to criminal history information arising from a jurisdiction other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased **pursuant to the law of the other jurisdiction**. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.

**Have you ever been convicted of a crime under the laws of this state, federal law, or the law of another jurisdiction?**

YES NO

If "YES," list all convictions, include charges, locations, and dates of conviction.

(Attach additional sheet(s), if necessary.)			
<b>CONVICTION CHARGE</b>	<b>DATE</b>	<b>CITY</b>	<b>STATE</b>
1.			
2.			
3.			
4.			

#### D. Business License:

<b>Indicate business license(s) applying for:</b> An applicant may apply for more than one type of license. Check all that apply. Applicant must pay the fee for each license checked.		
<b>Pawnbroker</b>  <b>\$50 Fee</b>	<b>Secondhand Dealer</b>  <b>\$250 Fee</b>	<b>Precious Metals Dealer</b>  <b>\$10 Fee</b>
Name of Business:		
Primary Business Address:		
City:		State and Zip Code:
Business Telephone Number(s): (Include area code)		
Provide Connecticut Sales and Use Tax permit number: _____		
If business has employees, have you registered with the Connecticut Department of Revenue Services for earning withholdings?      YES      NO		
List any other address at which business transactions are or are intended to be conducted and where property is or is intended to be stored, warehoused, packaged, and/or sold, including via internet sales. (Attached additional sheet(s), if necessary.)		
1. _____		
2. _____		
3. _____		

List all internet accounts and/or on-line presence used or intended to be used to conduct any business associated with such license. (Attached additional sheet(s), if necessary.)
1. _____
2. _____
3. _____

List your pawnbroker, secondhand hand dealer, or precious metals dealer license history in Connecticut or any other state for the past seven (7) years immediately preceding the date of this application. If you have had any such license denied, suspended, or revoked in Connecticut or any other state, explain the reasons for such denial, suspension, or revocation. (Attach additional sheet(s), if necessary.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List all internet accounts and/or on-line presence used to conduct any business associated with previously or currently held licenses. (Attached additional sheet(s), if necessary.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List the name, address, date of birth, and Social Security number of all persons having a financial interest of ten percent (10%) or more in the pawnbroker, secondhand dealer, or precious metal dealer business. If a corporation, limited liability company, or partnership holds ten percent (10%) or more, the name and address of the corporation, limited liability company, or partnership officers, directors, and shareholders must be listed. (Attach additional sheet(s), if necessary.)

**NOTE:** All persons having a financial interest in the business and/or officers directors, and shareholders of a corporation, limited liability company, or partnership are REQUIRED to submit separate license applications.

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY #
1.			
2.			
3.			

List the name, address, date of birth, and Social Security number of all persons who are or are intended to be employed in the pawnbroker, secondhand dealer, or precious metal dealer business, regardless of the nature of the employment. (Attach additional sheet(s), if necessary.)

**NOTE:** All persons employed or intended to be employed in the pawnbroker, secondhand dealer, or precious metal dealer business are REQUIRED to submit a separate employee application.

Name	Address	Date of Birth	Social Security #
1.			
2.			
3.			

## E. DECLARATION:

I understand that any false statements made herein, which I do not believe to be true and which are intended to mislead a public servant in the performance of their official function, is punishable in Connecticut pursuant to state statute (C.G.S. Section 53a-157b.) I further understand that any statements in this application that are determined to be false or inaccurate shall constitute grounds for the license not to be issued, or if issued before the facts are known, shall be cause for revocation. My signature below attests to the accuracy, completeness, and to the truth of all information supplied on this application.

I declare, under the penalties of False Statement, that the answers to the above are true and correct.

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Print Name of Applicant

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Signature of Applicant

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Date

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_

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Name  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_  
Commissioner of Superior Court

Note: This application is to be returned to:  
**Attn: Amara Shabazz**  
**Licenses & Inspections**  
**260 Constitution Plaza**  
**Hartford, CT 06103**  
**[www.hartford.gov](http://www.hartford.gov)**

**DO NOT WRITE BELOW THIS LINE: FOR OFFICIAL USE ONLY**

<b>FINGERPRINTS:</b>	
Fingerprints taken by:	Date:
S.P.B.I. Return Date:	F.B.I Return Date:

<b>APPLICATION STATUS</b>	
Complete Application Received:	FBI Sent: FBI Received: SPBI Sent: SPBI Received: HPD Check:
Received By:	
Permit Fee Rec'd: _____ \$50 Pawnbroker _____ \$50 Secondhand _____ \$10 Precious Metals Total Fees Rec'd: \$ _____	
Application Status: _____ Approved _____ Denied	
Application Type: _____ Full _____ Provisional _____ Temporary	
Dates of authorized licensing period: _____	
Recommended By: _____	Date: _____
Name and rank of investigating officer	
Supervisor Review: _____	Date: _____
Command Review: _____	Date: _____
Date submitted to License & Inspection Division:	

**Daryl K. Roberts**  
**CHIEF OF POLICE**